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CONSEQUENCES OF SEIZURES AND EPILEPSY IN CHILDREN

Nazarov A. I.
Bukhara State Medical Institute

Abstract

Generalized tonic-clonic seizures in children may have different causes and a different natural history than seizures and epilepsy in adults. The effects of medication may also be of greater importance during childhood. In making decisions about whether or not to treat a child who has had only one or a few seizures, the physician must consider the chance of further seizures and the possible consequences of further seizures. Epilepsy is one of the most common and disabling neurologic conditions, yet we have an incomplete understanding of the detailed pathophysiology and, thus, treatment rationale for much of epilepsy. This article reviews the clinical aspects of seizures and epilepsy with the goal of providing neuroscientists an introduction to aspects that might be amenable to scientific investigation. Seizures and epilepsy are defined, diagnostic methods are reviewed, various clinical syndromes are discussed, and aspects of differential diagnosis, treatment, and prognosis are considered to enable neuroscientists to formulate basic and translational research questions.

Keyissue: seizures, epilepsy, cerebral palsy, tuberculosis, Jackson's attack, adverbial attack.

ПОСЛЕДСТВИЯ ПРИПАДКОВ И ЭПИЛЕПСИИ У ДЕТЕЙ

Аннотация: Генерализованные тонико-клонические припадки у детей могут иметь иные причины и иную естественную историю, чем припадки и эпилепсия у взрослых. Эффекты медикаментозного лечения также могут иметь большее значение в детском возрасте. При принятии решения о том, следует ли лечить ребенка, у которого был только один или несколько припадков, врач должен учитывать вероятность дальнейших припадков и возможные последствия дальнейших припадков. Эпилепсия является одним из наиболее распространенных и инвалидизирующих неврологических состояний, однако у нас есть неполное понимание подробной патофизиологии и, следовательно, обоснования лечения большей части эпилепсии. В этой статье рассматриваются клинические аспекты судорог и эпилепсии с целью ознакомления неврологов с аспектами, которые могут быть поддающимися научному исследованию. Определяются припадки и эпилепсия, рассматриваются методы диагностики, обсуждаются различные клинические синдромы, а также рассматриваются

аспекты дифференциальной диагностики, лечения и прогноза, позволяющие неврологам формулировать основные и трансляционные исследовательские вопросы.

Ключевой вопрос: судороги, эпилепсия, детский церебральный паралич, туберкулез, приступ Джексона, наречный приступ

Introduction

Seizures are considered one of the first signs of brain tumor diseases, seizures in 20-45% of patients with a brain tumor, and seizures in 15-30% of patients are added during the development of the disease. The onset of seizures, the patient's loss of consciousness, is an important factor that causes them to be separated from the Church [1]. Determination of the main clinical features of epilepsy allows timely diagnosis of tumor diseases and, accordingly, to choose the tactics of diagnosis and treatment. As a result of our study, it was found that the main factors influencing the development of seizures in symptomatic epilepsy associated with tumor diseases are: the histological type of tumor, the location of the tumor and how close it is to the hemispheres[2].

To distinguish epilepsy that occurs in children (troubles in the period from 4-6 months to 2-3 years) from convulsive seizures is one of the important tasks of a pediatric neurologist and pediatrician.

According to statistics from the World Health Organization, seizures occur three times in 0.5 percent of the population of different ages of the earth's surface. It is characteristic for him that in the case of an attack of a number of characteristic signs, fainting and tremors are observed that occur in some muscle groups of the body. Convulsions in some cases may occur in all the muscles of the patient's body or without them, diffuse (palpable). The origin of this disease is sometimes also associated with heredity [3]. Previously, the disease of seizures in this group was called geniun epilepsy. The anamnesis of patients with seizures (in the history of life and illness) records data on the presence of several family members and ancestors of these four patients. They are registered in special dispensaries [4-13]. It can be observed that such people are unemployed, as well as disabled, and men are exempt from military service.

It is important to determine whether the parents of children who had a seizure for the above reasons have this disorder [5]. The following stages are characteristic of the course of the disease of seizures:

A) Initial signs of an attack of the disease - aura is observed in 60-70 percent of patients;
B) The onset of a seizure attack;
C) The Stage of withdrawal from sensitivity.
The late stage of a seizure with complications is the patient's deep sleep and amnesia (numbness). The difference between seizures observed in children and epilepsy is that it occurs in children aged 4-6 months, from 2-3 years to three years, and the causes of its occurrence are different [6-15].
The basis of the occurrence of seizures in preschool children are the following physiological manifestations:
- Children with brain underdevelopment Mia pystlogy by jiatan tylik;
- High intensity mia pystlog and slowness braceman jar;
- Insufficient development of compensatory and adaptive processes in their central nervous system;
-Blood-brain barrier, lethargy of digestive activity.
For the above reasons, the nervous system of children reacts differently to various harmful environmental influences than in adults, that is, in the form of a convulsive seizure.
As a result of a brain tumor, its strength (tuberculosis), parasitic diseases, abscess (suppuration), an attack of seizures also occurs. In the initial period of the disease, this process may have a local (local) character with subsequent diffuse classification [7-12].
With the pathophysiology of seizures, which is observed in children, there is an increase in excitability in all areas of the nervous system and the concentration of this condition in some areas of the cerebral cortex (in the motor area), in other areas there is a spread of inhibition and excitability to the subcutaneous nodes. For a long period of time, seizures were explained by spasm (narrowing) occurring in the blood vessels of the brain and ischemia (hemorrhage) of brain tissue. But most scientific studies have shown that the basis of a seizure is the vibration of the electrical potential in the cells of the cerebral cortex. There is a conclusion that seizures are observed with spasm of cerebral blood vessels [8]. According to the scientific data of recent years, the basis of the occurrence of a convulsive attack is a change in the excitability of cells of certain parts of the cerebral cortex and a change in the permeability of the cell membrane.
As a result, hypoxia (lack of oxygen) in the brain tissue, poisoning, blood transfusion into capillaries and large vascular pools, as a result of which the brain tissue is suppressed and destroys it, as well as the appearance of cell-free cavities.

The clinic of seizures observed in children is mainly associated with the causal factor of the disease. Depending on this, seizures can be observed in the muscles of any (local) group or in all muscles of the body (without diffuse).

One of the first signs of the disease is a change in the patient's consciousness, which can occur in a state of drowsiness, precomatosis (coma) or a comatose state [9-16].

The onset of a convulsive attack with a violation of the functioning of the heart, respiratory organs indicates the presence of cardiovascular and pulmonary diseases in the patient. The results of laboratory tests of blood, feces, cerebrospinal fluid confirm the presence of infectious diseases, kidney diseases, central nervous system and other systemic diseases in the patient [10-14].

Local, diffuse signs characteristic of poisoning of the central nervous system, changes detected on the X-ray of the fundus, the brain box, are important for the correct definition of the description of a seizure attack, its local or diffuse, as well as the causes of the disease. Spasmophilia is characterized by a transient seizure attack without a tonic, resembling the tension of decerebration, local seizures with tonic and clonic delay are characteristic of lesions of any part of the brain [11].

Seizures that are observed in children are divided into groups with hereditary, retropulsive and impulsive names. Local attacks include the following: Jackson's attack - occurs when the anterior and posterior central regions of the brain are stimulated. Bunda is observed with local clonic severity or local paresthesia. An attack of adverb is observed when prematurity is provoked, and the head and eye are accompanied by a forced turn in one direction.

Due to the occurrence, somatogenic (due to internal diseases) and cerebral (due to brain damage) seizures are distinguished. If the attack occurs as a result of somatic diseases, then in addition to the main signs of the disease in the patient, in a neurological state without organic signs, only signs of a general brain lesion of the head are observed.

If an epilepsy attack occurs as a result of nervous disorders, then neurological signs characteristic of diseases (local and general) are observed. For example: meningial signs in meningitis, motor, sensory changes in encephalitis, signs of damage to the tumor growth area in brain tumors, etc.

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